

<i>SERFF Tracking Number:</i>	<i>WESA-125520755</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>TNUS Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>#27125 \$50</i>
<i>Company Tracking Number:</i>	<i>08-AR-3-ML-17-8</i>		
<i>TOI:</i>	<i>35.0 Interline Filings</i>	<i>Sub-TOI:</i>	<i>35.0002 Commercial Interline Filings</i>
<i>Product Name:</i>	<i>Interline</i>		
<i>Project Name/Number:</i>	<i>Interline Declarations & Schedules/08-XX-3-ML-X-8</i>		

Filing at a Glance

Companies: TNUS Insurance Company, Tokio Marine & Nichido Fire Insurance Co., Ltd., Trans Pacific Insurance Company

Product Name: Interline	SERFF Tr Num: WESA-125520755	State: Arkansas
TOI: 35.0 Interline Filings	SERFF Status: Closed	State Tr Num: #27125 \$50
Sub-TOI: 35.0002 Commercial Interline Filings	Co Tr Num: 08-AR-3-ML-17-8	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
	Author: Westmont Associates	Disposition Date: 03/21/2008
	Date Submitted: 03/18/2008	Disposition Status: Approved
Effective Date Requested (New): 06/01/2008		Effective Date (New): 06/01/2008
Effective Date Requested (Renewal): 06/01/2008		Effective Date (Renewal): 06/01/2008

State Filing Description:

General Information

Project Name: Interline Declarations & Schedules	Status of Filing in Domicile: Authorized
Project Number: 08-XX-3-ML-X-8	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 03/21/2008	
State Status Changed: 03/20/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
Submission of Interline Declarations & Schedules	

Company and Contact

Filing Contact Information

SERFF Tracking Number: WESA-125520755 State: Arkansas
First Filing Company: TNUS Insurance Company, ... State Tracking Number: #27125 \$50
Company Tracking Number: 08-AR-3-ML-17-8
TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings
Product Name: Interline
Project Name/Number: Interline Declarations & Schedules/08-XX-3-ML-X-8

(This filing was made by a third party - westmontassociatesinc)

Jennifer Waldron, jenb@westmontlaw.com
25 Chestnut Street (856) 216-0220 [Phone]
Haddonfield, NJ 08033 (856) 216-0303[FAX]

Filing Company Information

TNUS Insurance Company	CoCode: 32301	State of Domicile: New York
230 Park Avenue	Group Code: 3098	Company Type:
New York, NY 10169	Group Name:	State ID Number:
(212) 297-6600 ext. [Phone]	FEIN Number: 20-0940754	

Tokio Marine & Nichido Fire Insurance Co., Ltd.	CoCode: 12904	State of Domicile: New York
230 Park Avenue	Group Code: 3098	Company Type:
New York, NY 10169	Group Name:	State ID Number:
(212) 297-6600 ext. [Phone]	FEIN Number: 13-6108722	

Trans Pacific Insurance Company	CoCode: 41238	State of Domicile: New York
230 Park Avenue	Group Code:	Company Type:
New York, NY 10169	Group Name:	State ID Number:
(212) 297-6600 ext. [Phone]	FEIN Number: 13-3118700	

SERFF Tracking Number: WESA-125520755 State: Arkansas
First Filing Company: TNUS Insurance Company, ... State Tracking Number: #27125 \$50
Company Tracking Number: 08-AR-3-ML-17-8
TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings
Product Name: Interline
Project Name/Number: Interline Declarations & Schedules/08-XX-3-ML-X-8

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: Standard Filing Fee for Forms Filing
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
TNUS Insurance Company	\$0.00	03/18/2008	
Tokio Marine & Nichido Fire Insurance Co., Ltd.	\$0.00	03/18/2008	
Trans Pacific Insurance Company	\$0.00	03/18/2008	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
27125	\$50.00	02/26/2008

<i>SERFF Tracking Number:</i>	<i>WESA-125520755</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>TNUS Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>#27125 \$50</i>
<i>Company Tracking Number:</i>	<i>08-AR-3-ML-17-8</i>		
<i>TOI:</i>	<i>35.0 Interline Filings</i>	<i>Sub-TOI:</i>	<i>35.0002 Commercial Interline Filings</i>
<i>Product Name:</i>	<i>Interline</i>		
<i>Project Name/Number:</i>	<i>Interline Declarations & Schedules/08-XX-3-ML-X-8</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	03/21/2008	03/21/2008

SERFF Tracking Number:	WESA-125520755	State:	Arkansas
First Filing Company:	TNUS Insurance Company, ...	State Tracking Number:	#27125 \$50
Company Tracking Number:	08-AR-3-ML-17-8		
TOI:	35.0 Interline Filings	Sub-TOI:	35.0002 Commercial Interline Filings
Product Name:	Interline		
Project Name/Number:	Interline Declarations & Schedules/08-XX-3-ML-X-8		

Disposition

Disposition Date: 03/21/2008
Effective Date (New): 06/01/2008
Effective Date (Renewal): 06/01/2008
Status: Approved
Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

SERFF Tracking Number: WESA-125520755 State: Arkansas

First Filing Company: TNUS Insurance Company, ... State Tracking Number: #27125 \$50

Company Tracking Number: 08-AR-3-ML-17-8

TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings

Product Name: Interline

Project Name/Number: Interline Declarations & Schedules/08-XX-3-ML-X-8

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Supporting Document	Side-By-Side Comparisons	Approved	Yes
Supporting Document	Letters of Authorization	Approved	Yes
Supporting Document	Forms Index	Approved	Yes
Form	In Witness Clause	Approved	Yes
Form	Common Policy Declarations	Approved	Yes
Form	Schedule of Named Insureds	Approved	Yes
Form	Schedule of Taxes, Surcharges Assessments or Fees	Approved	Yes
Form	Schedule of Forms and Endorsements	Approved	Yes
Form	Schedule of Prior Policy Numbers	Approved	Yes
Form	Schedule of Locations	Approved	Yes
Form	Schedule of Installments	Approved	Yes
Form	Policy Changes Endorsement	Approved	Yes

SERFF Tracking Number: WESA-125520755 State: Arkansas

First Filing Company: TNUS Insurance Company, ... State Tracking Number: #27125 \$50

Company Tracking Number: 08-AR-3-ML-17-8

TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings

Product Name: Interline

Project Name/Number: Interline Declarations & Schedules/08-XX-3-ML-X-8

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type	Action	Action Specific Data	Readability	Attachment
Approved	In Witness Clause	IL9 05 002	02/08	Other	Replaced	Replaced Form #:0.00 IL9 05 002 (10/04) Previous Filing #:		IL9 05 002 02 08 (3 Co.).pdf
Approved	Common Policy Declarations	IL9 05 003	02/08	Declaration	Replaced s/Schedule	Replaced Form #:0.00 IL9 05 003 (01/06) Previous Filing #:		IL9 05 003 02 08 (3 Co.).pdf
Approved	Schedule of Named Insureds	IL9 05 004	02/08	Declaration	Replaced s/Schedule	Replaced Form #:0.00 IL9 05 004 (10/04) Previous Filing #:		IL9 05 004 02 08 (3 Co.).pdf
Approved	Schedule of Taxes, Surcharges Assessments or Fees	IL9 05 005	02/08	Declaration	Replaced s/Schedule	Replaced Form #:0.00 IL9 05 005 (10/04) Previous Filing #:		IL9 05 005 02 08 (3 Co.).pdf
Approved	Schedule of Forms and Endorsements	IL9 05 006	02/08	Declaration	Replaced s/Schedule	Replaced Form #:0.00 IL9 05 006 (10/04) Previous Filing #:		IL9 05 006 02 08 (3 Co.).pdf
Approved	Schedule of Prior Policy Numbers	IL9 05 007	02/08	Declaration	Replaced s/Schedule	Replaced Form #:0.00 IL9 05 007 (09/96) Previous Filing #:		IL9 05 007 02 08 (3 Co.).pdf
Approved	Schedule of Locations	IL9 05 008	02/08	Declaration	Replaced s/Schedule	Replaced Form #:0.00 IL9 05 008 (10/04) Previous Filing #:		IL9 05 008 02 08 (3 Co.).pdf
Approved	Schedule of Installments	IL9 05 011	02/08	Declaration	Replaced s/Schedule	Replaced Form #:0.00 IL9 07 001 (10/04) Previous Filing #:		IL9 05 011 02 08 (3 Co.).pdf

<i>SERFF Tracking Number:</i>	<i>WESA-125520755</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>TNUS Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>#27125 \$50</i>
<i>Company Tracking Number:</i>	<i>08-AR-3-ML-17-8</i>		
<i>TOI:</i>	<i>35.0 Interline Filings</i>	<i>Sub-TOI:</i>	<i>35.0002 Commercial Interline Filings</i>
<i>Product Name:</i>	<i>Interline</i>		
<i>Project Name/Number:</i>	<i>Interline Declarations & Schedules/08-XX-3-ML-X-8</i>		

Approved	Policy Changes	IL9 12 00302/08	Endorseme Replaced	Replaced Form #:0.00	IL9 12 003
	Endorsement		nt/Amendm	IL9 12 003	02 08 (3
			ent/Condi	(10/04)	Co.).pdf
			ons	Previous Filing #:	

TOKIO MARINE & NICHIDO FIRE INSURANCE CO., LTD. (U.S. BRANCH)
230 PARK AVENUE, NEW YORK, NY 10169
(212) 297-6600
A New York Stock Company



This policy has been executed for the Company by its President and witnessed by its Secretary. However, this policy shall not be valid unless the Policy Declarations is countersigned by our authorized representative.

Secretary

President

TRANS PACIFIC INSURANCE COMPANY
230 PARK AVENUE, NEW YORK, NY 10169
(212) 297-6600
A New York Stock Company



This policy has been executed for the Company by its President and witnessed by its Secretary. However, this policy shall not be valid unless the Policy Declarations is countersigned by our authorized representative.

Secretary

President

TNUS INSURANCE COMPANY
230 PARK AVENUE, NEW YORK, NY 10169
(212) 297-6600
A New York Stock Company



This policy has been executed for the Company by its President and witnessed by its Secretary. However, this policy shall not be valid unless the Policy Declarations is countersigned by our authorized representative.

Secretary

President

TOKIO MARINE & NICHIDO FIRE INSURANCE CO., LTD. (U.S. BRANCH)

230 Park Avenue, New York, NY 10169

(212) 297-6600

A New York Stock Company

TOKIO MARINE
NICHIDO

TOKIO MARINE MANAGEMENT, INC. UNITED STATES MANAGER

COMMON POLICY DECLARATIONS**POLICY NUMBER:**

PRIOR POLICY NUMBER:

NAMED INSURED AND MAILING ADDRESS**PRODUCER NAME AND MAILING ADDRESS**

CUSTOMER #:

PRODUCER CODE:

PRODUCER CONTACT (IF ANY):

DESCRIPTION OF BUSINESS

FORM OF BUSINESS:

BUSINESS DESCRIPTION:

POLICY PERIOD

POLICY PERIOD FROM:

TO:

at 12:01 a.m. standard time at your
mailing address**FORMS AND ENDORSEMENTS**Forms and Endorsements attached to this policy: See **SCHEDULE OF FORMS AND ENDORSEMENTS****STAMPS (if applicable)**

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POLICY NUMBER:

COVERAGE PART(S)	PREMIUM
	\$
TOTAL ADVANCE COVERAGE PART PREMIUM	\$
TOTAL ADVANCE TAXES, SURCHARGES, ASSESSMENTS OR FEES* (if applicable)	\$
TOTAL PREMIUM	\$
PREMIUM SHOWN IS PAYABLE:	

Countersigned : _____ <div style="text-align: center;">(Date)</div>	By: _____ <div style="text-align: center;">(Authorized Representative)</div>
Servicing / Issuing Office: _____	

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TRANS PACIFIC INSURANCE COMPANY

230 Park Avenue, New York, NY 10169

(212) 297-6600

A New York Stock Company

TOKIO MARINE
NICHIDO

TOKIO MARINE MANAGEMENT, INC. UNITED STATES MANAGER

COMMON POLICY DECLARATIONS**POLICY NUMBER:**

PRIOR POLICY NUMBER:

NAMED INSURED AND MAILING ADDRESS**PRODUCER NAME AND MAILING ADDRESS**

CUSTOMER #:

PRODUCER CODE:

PRODUCER CONTACT (IF ANY):

DESCRIPTION OF BUSINESS

FORM OF BUSINESS:

BUSINESS DESCRIPTION:

POLICY PERIOD

POLICY PERIOD FROM:

TO:

at 12:01 a.m. standard time at your
mailing address**FORMS AND ENDORSEMENTS**Forms and Endorsements attached to this policy: See **SCHEDULE OF FORMS AND ENDORSEMENTS****STAMPS (if applicable)**

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POLICY NUMBER:

COVERAGE PART(S)	PREMIUM
	\$
TOTAL ADVANCE COVERAGE PART PREMIUM	\$
TOTAL ADVANCE TAXES, SURCHARGES, ASSESSMENTS OR FEES* (if applicable)	\$
TOTAL PREMIUM	\$

*NY: reference to surcharges, assessments or fees does not apply.

Servicing / Issuing Office:

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TOKIO MARINE MANAGEMENT, INC. UNITED STATES MANAGER



POLICY NUMBER:
PRIOR POLICY NUMBER:

NAMED INSURED AND MAILING ADDRESS	PRODUCER NAME AND MAILING ADDRESS
<p>CUSTOMER #:</p>	<p>PRODUCER CODE:</p> <p>PRODUCER CONTACT (IF ANY):</p>

FORM OF BUSINESS:
BUSINESS DESCRIPTION:

POLICY PERIOD FROM: TO: at 12:01 a.m. standard time at your mailing address

Forms and Endorsements attached to this policy: See **SCHEDULE OF FORMS AND ENDORSEMENTS**

--

POLICY NUMBER:

COVERAGE PART(S)	PREMIUM
	\$
TOTAL ADVANCE COVERAGE PART PREMIUM	\$
TOTAL ADVANCE TAXES, SURCHARGES, ASSESSMENTS OR FEES* (if applicable)	\$
TOTAL PREMIUM	\$

*NY: reference to surcharges, assessments or fees does not apply.

Servicing / Issuing Office:

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SCHEDULE OF NAMED INSUREDS

POLICY NUMBER:

NAMED INSURED:

PRODUCER NAME:

PRODUCER CODE:

EFFECTIVE DATE:

12:01 a.m. standard time at your mailing address shown in the Policy
Declarations



SCHEDULE OF NAMED INSUREDS

POLICY NUMBER:

NAMED INSURED:

PRODUCER NAME:

PRODUCER CODE:

EFFECTIVE DATE:

12:01 a.m. standard time at your mailing address shown in the Policy
Declarations



SCHEDULE OF NAMED INSUREDS

POLICY NUMBER:

NAMED INSURED:

PRODUCER NAME:

PRODUCER CODE:

EFFECTIVE DATE:

12:01 a.m. standard time at your mailing address shown in the Policy
Declarations



SCHEDULE OF TAXES, SURCHARGES, ASSESSMENTS OR FEES*

POLICY NUMBER:

NAMED INSURED:

PRODUCER NAME:

PRODUCER CODE:

EFFECTIVE DATE: 12:01 a.m. standard time at your mailing address shown in the Policy Declarations

STATE	LINE	DESCRIPTION	AMOUNT
			\$

*NY: Reference to surcharges, assessments or fees does not apply



SCHEDULE OF TAXES, SURCHARGES, ASSESSMENTS OR FEES*

POLICY NUMBER:

NAMED INSURED:

PRODUCER NAME:

PRODUCER CODE:

EFFECTIVE DATE: 12:01 a.m. standard time at your mailing address shown in the Policy Declarations

STATE	LINE	DESCRIPTION	AMOUNT
			\$

*NY: Reference to surcharges, assessments or fees does not apply



SCHEDULE OF TAXES, SURCHARGES, ASSESSMENTS OR FEES*

POLICY NUMBER:

NAMED INSURED:

PRODUCER NAME:

PRODUCER CODE:

EFFECTIVE DATE: 12:01 a.m. standard time at your mailing address shown in the Policy Declarations

STATE	LINE	DESCRIPTION	AMOUNT
			\$

*NY: Reference to surcharges, assessments or fees does not apply



SCHEDULE OF FORMS AND ENDORSEMENTS

POLICY NUMBER:

NAMED INSURED:

PRODUCER NAME:

PRODUCER CODE:

EFFECTIVE DATE: 12:01 a.m. standard time at your mailing address shown in the Policy Declarations

COVERAGE PART:

FORM NUMBER	EDITION	DESCRIPTION	APPLICABLE STATES



SCHEDULE OF FORMS AND ENDORSEMENTS

POLICY NUMBER:

NAMED INSURED:

PRODUCER NAME:

PRODUCER CODE:

EFFECTIVE DATE: 12:01 a.m. standard time at your mailing address shown in the Policy Declarations

COVERAGE PART:

FORM NUMBER	EDITION	DESCRIPTION	APPLICABLE STATES



SCHEDULE OF FORMS AND ENDORSEMENTS

POLICY NUMBER:

NAMED INSURED:

PRODUCER NAME:

PRODUCER CODE:

EFFECTIVE DATE: 12:01 a.m. standard time at your mailing address shown in the Policy Declarations

COVERAGE PART:

FORM NUMBER	EDITION	DESCRIPTION	APPLICABLE STATES



SCHEDULE OF PRIOR POLICY NUMBERS

POLICY NUMBER:

NAMED INSURED:

PRODUCER NAME:

PRODUCER CODE:

EFFECTIVE DATE: 12:01 a.m. standard time at your mailing address shown in the Policy
Declarations



SCHEDULE OF PRIOR POLICY NUMBERS

POLICY NUMBER:

NAMED INSURED:

PRODUCER NAME:

PRODUCER CODE:

EFFECTIVE DATE:

12:01 a.m. standard time at your mailing address shown in the Policy
Declarations



SCHEDULE OF PRIOR POLICY NUMBERS

POLICY NUMBER:

NAMED INSURED:

PRODUCER NAME:

PRODUCER CODE:

EFFECTIVE DATE: 12:01 a.m. standard time at your mailing address shown in the Policy Declarations



SCHEDULE OF LOCATIONS

POLICY NUMBER:	
NAMED INSURED:	
PRODUCER NAME:	PRODUCER CODE:
EFFECTIVE DATE:	12:01 a.m. standard time at your mailing address shown in the Policy Declarations

Location Number	Building Number	Location Address (Street address, City, State, Zip Code)	Occupancy



SCHEDULE OF LOCATIONS

POLICY NUMBER:	
NAMED INSURED:	
PRODUCER NAME:	PRODUCER CODE:
EFFECTIVE DATE:	12:01 a.m. standard time at your mailing address shown in the Policy Declarations

Location Number	Building Number	Location Address (Street address, City, State, Zip Code)	Occupancy



SCHEDULE OF LOCATIONS

POLICY NUMBER:

NAMED INSURED:

PRODUCER NAME:

PRODUCER CODE:

EFFECTIVE DATE:

12:01 a.m. standard time at your mailing address shown in the Policy
Declarations

Location Number	Building Number	Location Address (Street address, City, State, Zip Code)	Occupancy

POLICY NUMBER:

12:01 a.m. standard time at your mailing address shown in the Policy Declarations

SCHEDULE

[illegible]

Page 1 of 1

POLICY NUMBER:

12:01 a.m. standard time at your mailing address shown in the Policy Declarations

SCHEDULE

[illegible]

Page 1 of 1

POLICY NUMBER:

EFFECTIVE DATE: 12:01 a.m. standard time at your mailing address shown in the Policy Declarations

SCHEDULE

[illegible]

Page 1 of 1

**POLICY CHANGES ENDORSEMENT****POLICY NUMBER:****ENDORSEMENT NUMBER:**

NAMED INSURED:

PRODUCER NAME:

PRODUCER CODE:

EFFECTIVE DATE OF
CHANGE:at 12:01 a.m. standard time at your mailing address
shown in the Policy Declarations

This endorsement will not be used to decrease coverage, increase rates or deductibles or alter any terms or conditions of coverage unless at the request of the insured or as permitted by state regulations.

COVERAGE PART(S) AFFECTED BY THIS POLICY CHANGES ENDORSEMENT

Item(s) changed (See Policy Changes Description section for details):

<input type="checkbox"/>	Insured's Name	<input type="checkbox"/>	Insured's Mailing Address
<input type="checkbox"/>	Policy Number	<input type="checkbox"/>	Company
<input type="checkbox"/>	Effective / Expiration Date	<input type="checkbox"/>	Insured's Legal Status / Business of Insured
<input type="checkbox"/>	Payment Plan	<input type="checkbox"/>	Premium Determination
<input type="checkbox"/>	Additional Interested Parties	<input type="checkbox"/>	Coverage Forms and Endorsements
<input type="checkbox"/>	Limits / Exposures	<input type="checkbox"/>	Deductibles
<input type="checkbox"/>	Covered Property / Location Description	<input type="checkbox"/>	Classification / Class Codes
<input type="checkbox"/>	Rates	<input type="checkbox"/>	Underlying Insurance

The above amendments result in a change in the premium as follows:

☐ No changes
 ☐ To be adjusted at audit
 ☐ Additional \$
 ☐ Return \$

The above amendments result in a change in the taxes, surcharges, assessments or fees* (if applicable) as follows:

☐ No changes
 ☐ To be adjusted at audit
 ☐ Additional \$
 ☐ Return \$

Countersigned

:

(Date)

By:

(Authorized Representative)

*NY: reference to surcharges, assessments or fees does not apply.

POLICY CHANGES DESCRIPTION

TRANS PACIFIC INSURANCE COMPANY**POLICY CHANGES ENDORSEMENT****POLICY NUMBER:****ENDORSEMENT NUMBER:**

NAMED INSURED:

PRODUCER NAME:

PRODUCER CODE:

EFFECTIVE DATE OF
CHANGE:at 12:01 a.m. standard time at your mailing address
shown in the Policy Declarations

This endorsement will not be used to decrease coverage, increase rates or deductibles or alter any terms or conditions of coverage unless at the request of the insured or as permitted by state regulations.

COVERAGE PART(S) AFFECTED BY THIS POLICY CHANGES ENDORSEMENT

Item(s) changed (See Policy Changes Description section for details):

<input type="checkbox"/>	Insured's Name	<input type="checkbox"/>	Insured's Mailing Address
<input type="checkbox"/>	Policy Number	<input type="checkbox"/>	Company
<input type="checkbox"/>	Effective / Expiration Date	<input type="checkbox"/>	Insured's Legal Status / Business of Insured
<input type="checkbox"/>	Payment Plan	<input type="checkbox"/>	Premium Determination
<input type="checkbox"/>	Additional Interested Parties	<input type="checkbox"/>	Coverage Forms and Endorsements
<input type="checkbox"/>	Limits / Exposures	<input type="checkbox"/>	Deductibles
<input type="checkbox"/>	Covered Property / Location Description	<input type="checkbox"/>	Classification / Class Codes
<input type="checkbox"/>	Rates	<input type="checkbox"/>	Underlying Insurance

The above amendments result in a change in the premium as follows:

☐ No changes ☐ To be adjusted at audit ☐ Additional \$ ☐ Return \$

The above amendments result in a change in the taxes, surcharges, assessments or fees* (if applicable) as follows:

☐ No changes ☐ To be adjusted at audit ☐ Additional \$ ☐ Return \$

Countersigned

:

(Date)

By:

(Authorized Representative)

*NY: reference to surcharges, assessments or fees does not apply.

POLICY CHANGES DESCRIPTION

POLICY CHANGES ENDORSEMENT
POLICY NUMBER:
ENDORSEMENT NUMBER:
NAMED INSURED:
PRODUCER NAME:
PRODUCER CODE:
**EFFECTIVE DATE OF
CHANGE:**

 at 12:01 a.m. standard time at your mailing address
shown in the Policy Declarations

This endorsement will not be used to decrease coverage, increase rates or deductibles or alter any terms or conditions of coverage unless at the request of the insured or as permitted by state regulations.

COVERAGE PART(S) AFFECTED BY THIS POLICY CHANGES ENDORSEMENT

Item(s) changed (See Policy Changes Description section for details):

<input type="checkbox"/>	Insured's Name	<input type="checkbox"/>	Insured's Mailing Address
<input type="checkbox"/>	Policy Number	<input type="checkbox"/>	Company
<input type="checkbox"/>	Effective / Expiration Date	<input type="checkbox"/>	Insured's Legal Status / Business of Insured
<input type="checkbox"/>	Payment Plan	<input type="checkbox"/>	Premium Determination
<input type="checkbox"/>	Additional Interested Parties	<input type="checkbox"/>	Coverage Forms and Endorsements
<input type="checkbox"/>	Limits / Exposures	<input type="checkbox"/>	Deductibles
<input type="checkbox"/>	Covered Property / Location Description	<input type="checkbox"/>	Classification / Class Codes
<input type="checkbox"/>	Rates	<input type="checkbox"/>	Underlying Insurance

The above amendments result in a change in the premium as follows:

☐ No changes ☐ To be adjusted at audit ☐ Additional \$ ☐ Return \$

The above amendments result in a change in the taxes, surcharges, assessments or fees* (if applicable) as follows:

☐ No changes ☐ To be adjusted at audit ☐ Additional \$ ☐ Return \$

Countersigned

 : _____
 (Date)

 By: _____
 (Authorized Representative)

*NY: reference to surcharges, assessments or fees does not apply.

POLICY CHANGES DESCRIPTION

<i>SERFF Tracking Number:</i>	<i>WESA-125520755</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>TNUS Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>#27125 \$50</i>
<i>Company Tracking Number:</i>	<i>08-AR-3-ML-17-8</i>		
<i>TOI:</i>	<i>35.0 Interline Filings</i>	<i>Sub-TOI:</i>	<i>35.0002 Commercial Interline Filings</i>
<i>Product Name:</i>	<i>Interline</i>		
<i>Project Name/Number:</i>	<i>Interline Declarations & Schedules/08-XX-3-ML-X-8</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: WESA-125520755 State: Arkansas
First Filing Company: TNUS Insurance Company, ... State Tracking Number: #27125 \$50
Company Tracking Number: 08-AR-3-ML-17-8
TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings
Product Name: Interline
Project Name/Number: Interline Declarations & Schedules/08-XX-3-ML-X-8

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 03/21/2008

Comments:

Attachment:
AR NAIC.pdf

Satisfied -Name: Cover Letter **Review Status:** Approved 03/21/2008

Comments:

Attached is the cover letter for this submission.

Attachment:
AR.pdf

Satisfied -Name: Side-By-Side Comparisons **Review Status:** Approved 03/21/2008

Comments:

The attached comparison reflects changes made to the TMNF forms only; however, the changes being made to the TPI and TNUS forms are identical.

Attachment:
Side-By-Side Comparisons.pdf

Satisfied -Name: Letters of Authorization **Review Status:** Approved 03/21/2008

Comments:

Attached are the letters of authorization for Tokio Marine, Trans Pacific and TNUS Insurance Companies.

Attachments:
TMNF (1-1-08).pdf
TPI.pdf
TNUS.pdf

Satisfied -Name: Forms Index **Review Status:** Approved 03/21/2008

<i>SERFF Tracking Number:</i>	<i>WESA-125520755</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>TNUS Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>#27125 \$50</i>
<i>Company Tracking Number:</i>	<i>08-AR-3-ML-17-8</i>		
<i>TOI:</i>	<i>35.0 Interline Filings</i>	<i>Sub-TOI:</i>	<i>35.0002 Commercial Interline Filings</i>
<i>Product Name:</i>	<i>Interline</i>		
<i>Project Name/Number:</i>	<i>Interline Declarations & Schedules/08-XX-3-ML-X-8</i>		

Comments:

Attached is the forms index for this submission.

Attachment:

Forms Index.pdf

Property & Casualty Transmittal Document (Revised 1/1/06)

AR

1. Reserved for Insurance Dept. Use Only**2. Insurance Department Use Only**

a. Date the filing is received:	
b. Analyst:	
c. Disposition:	
d. Date of disposition of the filing:	
e. Effective date of filing:	
New Business	
Renewal Business	
f. State Filing #:	
g. SERFF Filing #:	
h. Subject Codes	

3.	Group Name	Group NAIC #		
	Millea Group	3098		
4.	Company Name(s)	Domicile	NAIC #	FEIN #
	Tokio Marine & Nichido Fire Insurance Co., LTD	NY	12904	13-6108722
	Trans Pacific Insurance Company	NY	41238	13-3118700
	TNUS Insurance Company	NY	32301	20-0940754

5.	Company Tracking Number	08-AR-3-ML-17-8
-----------	--------------------------------	-----------------

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Jennifer Waldron Westmont Associates, Inc.	Supervisor	(856) 216-0220	(856) 216-0303	jenb@westmontlaw.com
	25 Chestnut Street, Suite 105, Haddonfield NJ 08033				
7.	Signature of authorized filer		Jennifer Waldron		
8.	Please print name of authorized filer		Jennifer Waldron		

Filing information (see General Instructions for descriptions of these fields)

9.	Type of Insurance (TOI),	Please select from the drop down list. 35.0 - Interline	
10.	Sub-Type of Insurance (Sub-TOI)	N/A	
11.	State Specific Product code(s) (if applicable) [See State Specific Requirements]	n/a	
12.	Company Program Title (marketing title)	N/A	
13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other: _____	
14.	Effective Date(s) Requested	New: 6/1/08	Renewal: 6/1/08
15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
16.	Reference Organization (if applicable)	N/A	
17.	Reference Organization # & Title	N/A	
18.	Company's Date of Filing	3/18/08	
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved	

Property & Casualty Transmittal Document ---

20.	This filing transmittal is part of Company Tracking #	08-AR-3-ML-17-8
-----	--	-----------------

21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
-----	--

Submission of Interline Declarations and Schedules

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [if a state requires you to show how you calculated your filing fees, place that calculation below]				
<table><tr><td>Check #:</td><td>27125</td></tr><tr><td>Amount:</td><td>\$50.00</td></tr></table>		Check #:	27125	Amount:	\$50.00
Check #:	27125				
Amount:	\$50.00				
<div></div>					
Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.					
***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)					

FORM FILING SCHEDULE

(This form must be provided **ONLY** when making a filing that includes forms)
(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	08-AR-3-ML-17-8			
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	n/a			

3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	In Witness Clause	IL9 05 002 (02/08)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	IL9 05 002 (10/04)	
02	Common Policy Declarations	IL9 05 003 (02/08)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	IL9 05 003 (01/06)	
03	SCHEDULE OF NAMED INSUREDS	IL9 05 004 (02/08)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	IL9 05 004 (10/04)	
04	Schedule of Taxes, Surcharges, Assessments or Fees	IL9 05 005 (02/08)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	IL9 05 005 (10/04)	
05	Schedule of Forms and Endorsements	IL9 05 006 (02/08)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	IL9 05 006 (10/04)	
06	Schedule of Prior Policy Numbers	IL9 05 007 (02/08)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	IL9 05 007 (09/96)	
07	Schedule of Locations	IL9 05 008 (02/08)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	IL9 05 008 (10/04)	
08	Schedule of Installments	IL9 05 011 (02/08)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	IL9 07 001 (10/04)	
09	Policy Changes Endorsement	IL9 12 003 (02/08)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	IL9 12 003 (10/04)	
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1



WESTMONT ASSOCIATES, INC.

February 26, 2008

The Honorable Julie Benafield-Bowman
Commissioner of Insurance
Arkansas Insurance Department
1200 West 3rd Street
Little Rock, AR 72201-1904

Attn: Property and Casualty Division

RE **Tokio Marine and Nichido Fire Insurance Co., LTD (U.S. Branch) – NAIC #3098-12904/FEIN #13-6108722**
Trans Pacific Insurance Company – NAIC #: 3098-41238/FEIN #: 13-3118700
TNUS Insurance Company – NAIC #: 32301/FEIN #: 20-0940754
Interline Declarations and Schedules Forms Submission
Company Filing Number: 08-AR-3-ML-17-8
Effective Date: June 1, 2008

Dear Commissioner Benafield-Bowman:

The captioned Companies are filing for your review their Interline Declarations and Schedules Forms submission. A letter permitting Westmont Associates, Inc. to submit this filing on the Companies' behalf is enclosed.

The purpose of this filing is to submit revised versions of previously approved declarations and schedules that will be used on an Interline basis by the Companies. Please refer to the attached forms listing that provides detailed information regarding each form being submitted.

Please note that the Companies are requesting an effective date of June 1, 2008 for this filing submission.

We respectfully request your approval and/or acknowledgment of this submission

Respectfully Submitted,

Jennifer Waldron

Jennifer Waldron

Supervisor

jenb@westmontlaw.com

Enc.

Cc: N. Stepanski – Westmont
P. Barkus – Tokio Marine

Text Comparison

Documents Compared

IL9 05 002 10 04.pdf

IL9 05 002 02 08 IN WITNESS.pdf

Summary

74 word(s) added

To see where the changes are, scroll down.

NEW YORK, NEW YORK

TOKIO MARINE MANAGEMENT, INC.

UNITED STATES MANAGERS

The policy Provisions with the Information or Declarations Page and Endorsement, if any, issued to form a part thereof, complete this policy.

In Witness Whereof, we have caused this policy to be executed and attested, and, if required by state law, this policy shall be valid unless countersigned by our authorized representative.

Secretary

President

IL9 05 002 10 04.pdf

TOKIO MARINE & NICHIDO FIRE INSURANCE CO., LTD. (U.S. BRANCH)
230 PARK AVENUE, NEW YORK, NY 10169
(212) 297-6600
A New York Stock Company



This policy has been executed for the Company by its President and witnessed by its Secretary. However, this policy shall not be valid unless the Policy Declarations is countersigned by our authorized representative.

Secretary

President

Text Comparison

Documents Compared

Dec Page- TMNF.pdf

IL9 05 003 02 08 COMMON DEC.pdf

Summary

267 word(s) added

205 word(s) deleted

50 word(s) matched

3 block(s) matched

To see where the changes are, scroll down.

TOKIO MARINE & NICHIDO FIRE INSURANCE CO., LTD. (U.S. BRANCH)**230 Park Avenue, New York, NY 10169****(212) 297-6600****A New York Stock Company**TOKIO MARINE
NICHIDO**TOKIO MARINE MANAGEMENT, INC. UNITED STATES MANAGER****COMMON POLICY DECLARATIONS****POLICY NUMBER:****PRIOR POLICY NUMBER:****NAMED INSURED AND MAILING ADDRESS****PRODUCER NAME AND MAILING ADDRESS****CUSTOMER #:****PRODUCER CODE:****PRODUCER CONTACT (IF ANY):****DESCRIPTION OF BUSINESS****FORM OF BUSINESS:****BUSINESS DESCRIPTION:****POLICY PERIOD****POLICY PERIOD FROM:****TO:****at 12:01 a.m. standard time at your
mailing address****FORMS AND ENDORSEMENTS****Forms and Endorsements attached to this policy: See SCHEDULE OF FORMS AND ENDORSEMENTS****STAMPS (if applicable)**

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Text Comparison

Documents Compared

IL9 05 004 10 04.pdf

IL9 05 004 02 08 SCH OF NAMED INS.pdf

Summary

56 word(s) added

To see where the changes are, scroll down.

Policy Number

SCHEDULE OF NAMED INSURED(S)

Named Insured

Effective Date:

12:01 A.M. Standard Time

Name

Agent No.

IL9 05 004 10 04.pdf

TOKIO MARINE & NICHIDO FIRE INSURANCE CO., LTD. (U.S. BRANCH)



SCHEDULE OF NAMED INSUREDS

POLICY NUMBER:

NAMED INSURED:

PRODUCER NAME:

PRODUCER CODE:

EFFECTIVE DATE:

**12:01 a.m. standard time at your mailing address shown in the Policy
Declarations**

Text Comparison

Documents Compared

IL9 05 005 10 04.pdf

IL9 05 005 02 08 SCH OF TAXES.pdf

Summary

75 word(s) added

To see where the changes are, scroll down.

Policy Number

SCHEDULE OF TAXES, SURCHARGES OR FEES

Named Insured

Effective Date:

12:01 A.M. Standard Time

Name

Agent No.

IL9 05 005 10 04.pdf

Text Comparison

Documents Compared

IL9 05 006 10 04.pdf

IL9 05 006 02 08 SCH OF FORMS AND ENDTS.pdf

Summary

65 word(s) added

To see where the changes are, scroll down.

Policy Number

SCHEDULE OF FORMS AND ENDORSEMENTS

Named Insured

Effective Date:

12:01 A.M. Standard Time

Name

Agent No.

TOKIO MARINE & NICHIDO FIRE INSURANCE CO., LTD. (U.S. BRANCH)**SCHEDULE OF FORMS AND ENDORSEMENTS****POLICY NUMBER:****NAMED INSURED:****PRODUCER NAME:****PRODUCER CODE:****EFFECTIVE DATE:**12:01 a.m. standard time at your mailing address shown in the Policy
Declarations**COVERAGE PART:**

<u>FORM NUMBER</u>	<u>EDITION</u>	<u>DESCRIPTION</u>	<u>APPLICABLE STATES</u>

Text Comparison

Documents Compared

IL9 05 008 10 04.pdf

IL9 05 008 02 08 SCH OF LOCATIONS.pdf

Summary

69 word(s) added

To see where the changes are, scroll down.

SCHEDULE OF LOCATIONS

Policy Number

Named Insured

Effective Date:

12:01 A.M. Standard Time

Producer Name

Producer No.

Loc. No.	Bldg. No	Designated Locations (Address, City, State, Zip Code)	Occupancy

TOKIO MARINE & NICHIDO FIRE INSURANCE CO., LTD. (U.S. BRANCH)**SCHEDULE OF LOCATIONS**

<u>POLICY NUMBER:</u>	
<u>NAMED INSURED:</u>	
<u>PRODUCER NAME:</u>	<u>PRODUCER CODE:</u>
<u>EFFECTIVE DATE:</u>	<u>12:01 a.m. standard time at your mailing address shown in the Policy Declarations</u>

<u>Location Number</u>	<u>Building Number</u>	<u>Location Address</u> <u>(Street address, City, State, Zip Code)</u>	<u>Occupancy</u>

Text Comparison

Documents Compared

IL9 07 001 10 04.pdf

IL9 05 011 02 08 SCH OF INSTALLMENTS.pdf

Summary

126 word(s) added

To see where the changes are, scroll down.

Interline

**NOTICE TO POLICYHOLDERS
SCHEDULE OF INSTALLMENTS**

In accordance with the installment payment option you have agreed to, your premium is due and payable as shown in the Schedule below. All taxes, surcharges and fees, if any, have been included in the first installment.

SCHEDULE

<u>DATE DUE</u>	<u>PREMIUM DUE</u>	<u>TAXES, SURCHARGES OR FEES DUE</u>	<u>INSTALLMENT PREMIUM DUE</u>
------------------------	---------------------------	---	---



SCHEDULE OF INSTALLMENTS

<u>POLICY NUMBER:</u>	
<u>NAMED INSURED:</u>	
<u>PRODUCER NAME:</u>	<u>PRODUCER CODE:</u>
<u>EFFECTIVE DATE:</u>	<u>12:01 a.m. standard time at your mailing address shown in the Policy Declarations</u>

This policy is written on an installment payment option that you agreed to. Your premium is due and payable as shown in the SCHEDULE below. Taxes, surcharges, assessments or fees* are payable in full with the first installment.

SCHEDULE

<u>DATE DUE</u>	<u>PREMIUM DUE</u>	<u>TAXES, SURCHARGES, ASSESSMENTS OR FEES* DUE</u>	<u>TOTAL INSTALLMENT PREMIUM DUE</u>
	\$	\$	\$
<u>TOTALS</u>	\$	\$	\$

*NY: Reference to surcharges, assessments or fees does not apply

Text Comparison

Documents Compared

IL9 12 003 10 04.pdf

IL9 12 003 02 08 POLICY CHANGES ENDT.pdf

Summary

273 word(s) added

To see where the changes are, scroll down.

COMMON POLICY CHANGE ENDORSEMENT

Policy Number

Named Insured

Endorsement No.

Effective Date:

12:01 A.M., Standard Time

Producer Name

Producer No.

This endorsement will not be used to decrease coverages, increase rates or deductibles or alter any terms or conditions of coverage unless at the sole request of the insured.

COVERAGE PART INFORMATION – Coverage parts affected by this change as indicated by ☒ below.

- ☐ Commercial Property
- ☐ Commercial General Liability
- ☐ Commercial Crime
- ☐ Commercial Inland Marine
- ☐
- ☐

The following item(s):

- | | |
|---|---|
| <input type="checkbox"/> Insured's Name | <input type="checkbox"/> Insured's Mailing Address |
| <input type="checkbox"/> Policy Number | <input type="checkbox"/> Company |
| <input type="checkbox"/> Effective / Expiration Date | <input type="checkbox"/> Insured's Legal Status / Business of Insured |
| <input type="checkbox"/> Payment Plan | <input type="checkbox"/> Premium Determination |
| <input type="checkbox"/> Additional Interested Parties | <input type="checkbox"/> Coverage Forms and Endorsements |
| <input type="checkbox"/> Limits/ Exposures | <input type="checkbox"/> Deductibles |
| <input type="checkbox"/> Covered Property / Located Description | <input type="checkbox"/> Classification / Class Codes |
| <input type="checkbox"/> Rates | <input type="checkbox"/> Underlying Exposure |

is (are) changed to read {See Additional Page(s)}

The above amendments result in change in the premium as follows:

This premium does not include taxes and surcharges.

<input type="checkbox"/> No Changes	<input type="checkbox"/> To be Adjusted at Audit	Additional	Return
-------------------------------------	--	------------	--------

Tax and Surcharge Changes

Additional	Return
------------	--------

AUTHORIZED REPRESENTATIVE

TOKIO MARINE & NICHIDO FIRE INSURANCE CO., LTD. (U.S. BRANCH)**POLICY CHANGES ENDORSEMENT****POLICY NUMBER:****ENDORSEMENT NUMBER:****NAMED INSURED:****PRODUCER NAME:****PRODUCER CODE:****EFFECTIVE DATE OF
CHANGE:**at 12:01 a.m. standard time at your mailing address
shown in the Policy Declarations

This endorsement will not be used to decrease coverage, increase rates or deductibles or alter any terms or conditions of coverage unless at the request of the insured or as permitted by state regulations.

COVERAGE PART(S) AFFECTED BY THIS POLICY CHANGES ENDORSEMENT

Item(s) changed (See Policy Changes Description section for details):

<input type="checkbox"/>	<u>Insured's Name</u>	<input type="checkbox"/>	<u>Insured's Mailing Address</u>
<input type="checkbox"/>	<u>Policy Number</u>	<input type="checkbox"/>	<u>Company</u>
<input type="checkbox"/>	<u>Effective / Expiration Date</u>	<input type="checkbox"/>	<u>Insured's Legal Status / Business of Insured</u>
<input type="checkbox"/>	<u>Payment Plan</u>	<input type="checkbox"/>	<u>Premium Determination</u>
<input type="checkbox"/>	<u>Additional Interested Parties</u>	<input type="checkbox"/>	<u>Coverage Forms and Endorsements</u>
<input type="checkbox"/>	<u>Limits / Exposures</u>	<input type="checkbox"/>	<u>Deductibles</u>
<input type="checkbox"/>	<u>Covered Property / Location Description</u>	<input type="checkbox"/>	<u>Classification / Class Codes</u>
<input type="checkbox"/>	<u>Rates</u>	<input type="checkbox"/>	<u>Underlying Insurance</u>

The above amendments result in a change in the premium as follows:

☐ No changes ☐ To be adjusted at audit ☐ Additional \$ ☐ Return \$

The above amendments result in a change in the taxes, surcharges, assessments or fees* (if applicable) as follows:

☐ No changes ☐ To be adjusted at audit ☐ Additional \$ ☐ Return \$

Countersigned

:

(Date)**By**(Authorized Representative)

*NY: reference to surcharges, assessments or fees does not apply.

POLICY CHANGES DESCRIPTION



Tokio Marine Management, Inc.
U.S. Manager and/or Manager for
Tokio Marine & Nichido Fire
Insurance Co., Ltd. (U.S. Branch)
Trans Pacific Insurance Company
TM Casualty Insurance Company
TNUS Insurance Company

230 Park Avenue
New York, New York 10169
Phone: (212) 297-6600
Main Fax: (212) 297-6062
Claims Fax: (212) 297-6064

MILLEA GROUP

January 1, 2008

Re: Tokio Marine & Nichido Fire Insurance Co., Ltd. (U.S. Branch)
NAIC # 3098-12904
FEIN # 13-6108722
Letter of Authorization
Filing of Forms, Rates, and Rules

In accordance with applicable statutes and regulations of your state, Nancy Stepanski, Wesley Pohler, Jennifer Waldron, and Westmont Associates, Inc. are hereby authorized to file rates, rules, and forms on behalf of the Company.

Sincerely,

Pamela J. Olson
Vice President – Corporate Underwriting



Tokio Marine Management, Inc.
U.S. Manager and/or Manager for
Tokio Marine & Nichido Fire
Insurance Co., Ltd. (U.S. Branch)
Trans Pacific Insurance Company
TM Casualty Insurance Company
TNUS Insurance Company

230 Park Avenue
New York, New York 10169
Phone: (212) 297-6600
Main Fax: (212) 297-6062
Claims Fax: (212) 297-6064

MILLEA GROUP

January 1, 2008

Re: Trans Pacific Insurance Company
NAIC # 3098-41238
FEIN # 13-3118700
Letter of Authorization
Filing of Forms, Rates, and Rules

In accordance with applicable statutes and regulations of your state, Nancy Stepanski, Wesley Pohler, Jennifer Waldron, and Westmont Associates, Inc. are hereby authorized to file rates, rules, and forms on behalf of the Company.

Sincerely,

Pamela J. Olson
Vice President – Corporate Underwriting



Tokio Marine Management, Inc.
U.S. Manager and/or Manager for
Tokio Marine & Nichido Fire
Insurance Co., Ltd. (U.S. Branch)
Trans Pacific Insurance Company
TM Casualty Insurance Company
TNUS Insurance Company

230 Park Avenue
New York, New York 10169
Phone: (212) 297-6600
Main Fax: (212) 297-6062
Claims Fax: (212) 297-6064

MILLER GROUP

January 1, 2008

Re: TNUS Insurance Company
NAIC # 3098-32301
FEIN # 20-0940754
Letter of Authorization
Filing of Forms, Rates, and Rules

In accordance with applicable statutes and regulations of your state, Nancy Stepanski, Wesley Pohler, Jennifer Waldron, and Wesley Associates, Inc. are hereby authorized to file rates, rules, and forms on behalf of the Company.

Sincerely,

Pamela J. Olson
Vice President - Corporate Underwriting

FORM #	EDITION	DESCRIPTION	REPLACES FORM #	PREVIOUS EDITION DATE	COMMENTS
IL9 05 002	02 08	Witness Clause	IL9 05 002	10 04	
IL9 05 003	02 08	Common Policy Declarations	IL9 05 003	01 06	
IL9 05 004	02 08	Schedule of Named Insureds	IL9 05 004	10 04	Will be used to list Named Insureds in cases where there is more than one. First Named Insured will be displayed on the Common Policy Declarations.
IL9 05 005	02 08	Schedule of Taxes, Surcharges, Assessments or Fees	IL9 05 005	10 04	
IL9 05 006	02 08	Schedule of Forms and Endorsements	IL9 05 006	10 04	Will be used to list forms and endorsements that apply to the policy for each line of business and for applicable risk states.
IL9 05 007	02 08	Schedule of Prior Policy Numbers	IL9 05 007	09 96	Will be used to list prior policy numbers when there is more than one.
IL9 05 008	02 08	Schedule of Locations	IL9 05 008	10 04	
IL9 05 011	02 08	Schedule of Installments	IL9 07 001	10 04	Form number change.
IL9 12 003	02 08	Policy Changes Endorsement	IL9 12 003	10 04	This form is intended to serve as an alternative to the ISO policy changes endorsements that have been approved for our use in various jurisdictions.